

Set 1 p2

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(includes Reference to PCT International Applications)ATTORNEY'S DOCKET NUMBER
C4270(C)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**GRANULAR COMPONENT FOR USE IN PARTICULATE
DETERGENT COMPOSITIONS**

the specification of which (check only one item below):

☒ is attached hereto.☐ was filed as United States application Serial No. _____ on _____
and was amended on _____ (if applicable)☐ was filed as PCT International application _____ on _____
and was amended under PCT Article 19 on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day,month,year)	PRIORITY CLAIMED UNDER 35 USC 119	
UNITED KINGDOM	0228357.0	5 th December 2002	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that /those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56 (a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120.

U.S. APPLICATION(S)		STATUS (CHECK ONE)		
U.S. APPLICATION NUMBER	U.S. Filing Date	PATENTED	PENDING	ABANDONED

PCT APPLICATIONS DESIGNATING THE U.S.		
PCT APPLICATION NUMBER	PCT Filing Date	U.S. Serial Numbers Assigned (if any)

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (continued)
(includes Reference to PCT International Applications)

ATTORNEY DOCKET NUMBER
C4270(C)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

CUSTOMER NUMBER: 000201

Direct all correspondence to: CUSTOMER NUMBER 000201

201

Full Name of Inventor	Family Name GONCALVES	First Given Name Daniel	Second Given Name de Lima
Residence & Citizenship	City SAO PAULO	State or Foreign Country BRAZIL	Country of Citizenship BRAZIL
Post Office Address	Post Office Address UNILEVER BRAZIL LTDA, AV. MANOEL DOMINGOS PINTO 481, VILA ANASTACIO	City 05120-900 SAO PAULO SP	State & Zip Code/Country BRAZIL

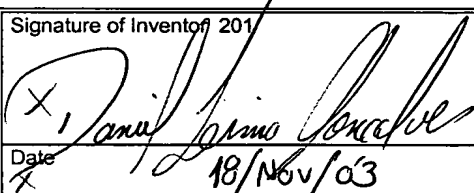
202

Full Name of Inventor	Family Name GROOT	First Given Name Andreas	Second Given Name Theodorus
Residence & Citizenship	City VLAARDINGEN	State or Foreign Country NETHERLANDS	Country of Citizenship NETHERLANDS
Post Office Address	Post Office Address UNILEVER R&D VLAARDINGEN OLIVIER VAN NOORTLAAN 120	City 3133 AT VLAARDINGEN	State & Zip Code/Country NETHERLANDS

203

Full Name of Inventor	Family Name KLAVER	First Given Name Marco	Second Given Name -
Residence & Citizenship	City VLAARDINGEN	State or Foreign Country NETHERLANDS	Country of Citizenship NETHERLANDS
Post Office Address	Post Office Address UNILEVER R&D VLAARDINGEN OLIVIER VAN NOORTLAAN 120	City 3133 AT VLAARDINGEN	State & Zip Code/Country NETHERLANDS

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such wilful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 201 	Signature of Inventor 202	Signature of Inventor 203
Date 18/Nov/03	Date	Date

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (continued)
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Full Name of Inventor	Family Name MONTANUS	First Given Name Cornelis	Second Given Name Paulus
Residence & Citizenship	City VLAARDINGEN	State or Foreign Country NETHERLANDS	Country of Citizenship NETHERLANDS
Post Office Address	Post Office Address UNILEVER R&D VLAARDINGEN OLIVIER VAN NOORTLAAN 120	City 3133 AT VLAARDINGEN	State & Zip Code/Country NETHERLANDS

205

Full Name of Inventor	Family Name	First Given Name	Second Given Name
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
Post Office Address	Post Office Address	City	State & Zip Code/Country

206

Full Name of Inventor	Family Name	First Given Name	Second Given Name
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Post Office Address	Post Office Address	City	State & Zip Code/Country

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Signature of Inventor 204	Signature of Inventor 205	Signature of Inventor 206
Date	Date	Date

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			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

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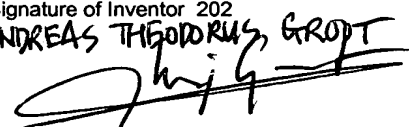
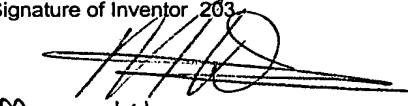
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Post Office Address	Post Office Address UNILEVER R&D VLAARDINGEN OLIVIER VAN NOORTLAAN 120	City 3133 AT VLAARDINGEN	State & Zip Code/Country NETHERLANDS

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Full Name of Inventor	Family Name KLAVER	First Given Name Marco	Second Given Name -
Residence & Citizenship	City VLAARDINGEN	State or Foreign Country NETHERLANDS	Country of Citizenship NETHERLANDS
Post Office Address	Post Office Address UNILEVER R&D VLAARDINGEN OLIVIER VAN NOORTLAAN 120	City 3133 AT VLAARDINGEN	State & Zip Code/Country NETHERLANDS

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Signature of Inventor 201	Signature of Inventor 202 ANDREAS THEODORUS GROOT 	Signature of Inventor 203  Marco Klaver
Date	Date 29/10/2003	Date 30/10/2003

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (continued)
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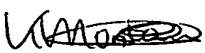
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Full Name of Inventor	Family Name	First Given Name	Second Given Name
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
Post Office Address	Post Office Address	City	State & Zip Code/Country

206

Full Name of Inventor	Family Name	First Given Name	Second Given Name
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
Post Office Address	Post Office Address	City	State & Zip Code/Country

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Signature of Inventor 204 <i>Cornelis Paulus Maria Montanus</i> 	Signature of Inventor 205	Signature of Inventor 206
Date 31/10/2003	Date	Date